

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09-254474</u>	FILING DATE					
							APPLICANT(S) <u>1</u>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	1		1				54						
5		2		2			55						
6		2		2			56						
7		2		2			57						
8		2		2			58						
9		2		2			59						
10		2		2			60						
11							61						
12							62						
13		1		2			63						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			14				TOTAL DEP.						
TOTAL CLAIMS			18				TOTAL CLAIMS						